## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006547

Entity Name: LAUDERHILL REGIONAL CHAMBER OF COMMERCE

FOUNDATION, INC.

**Current Principal Place of Business:** 

5557 WEST OAKLAND PARK BOULEVARD

LAUDERHILL, FL 33313

**Current Mailing Address:** 

5557 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33313

FEI Number: 46-2802226 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNRO, MARIA 5557 WEST OAKLAND PARK BOULEVARD LAUDERHILL, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA MUNRO 04/28/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title VP

Name MUNRO, MARIA Name MCPHERSON, WINIFRED DR.

Address 5557 W. OAKLAND PARK BLVD. Address 5557 W. OAKLAND PARK BLVD.

City-State-Zip: LAUDERHILL FL 33313 City-State-Zip: LAUDERHILL FL 33313

Title SECRETARY Title OFFICER

Name MCLENNON, SHARON Name BECKFORD, JOHN G

Address 5557 W. OAKLAND PARK BLVD. Address 5557 WEST OAKLAND PARK

City-State-Zip: LAUDERHILL FL 33313

City-State-Zip: LAUDERHILL FL 33313

City-State-Zip: LAUDERHILL FL 33313

Title OFFICER

Name GUTZMORE, COLLEEN

Address 5557 WEST OAKLAND PARK

BOULEVARD

City-State-Zip: LAUDERHILL FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN GUTZMORE

Electronic Signature of Signing Officer/Director Detail

**OFFICER** 

04/28/2015

FILED Apr 28, 2015

**Secretary of State** 

CC5806989793

Date